

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # L99000006318

1. Entity Name
ORLANDO NORTH LAKE FLEXXSPACE LLC



Principal Place of Business
1400 NORTHWEST 107TH AVENUE
MIAMI, FL 33172-2704

Mailing Address
1400 NORTHWEST 107TH AVENUE
MIAMI, FL 33172-2704

DO NOT WRITE IN THIS SPACE



04122004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
59-3600763

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEVY, JOEL
1400 NORTHWEST 107TH AVENUE
MIAMI, FL 33172-2704

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IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

000000138654
04/29/04-80088-019 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
MGRM
AP-ADLER INVESTMENT FUND 2, L.P.
1400 N.W. 107TH AVENUE
MIAMI, FL 331722704

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Joel Levy
Executive Vice President

4/27/04

305-392-4051

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

OF GP of MGRM